

# PART B - FEE(S) TRANSMITTAL

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**CURRENT CORRESPONDENCE ADDRESS** (Note: Legibly mark-up with any corrections on Block 1)

27510 7590 9/3/2003  
 KILPATRICK STOCKTON LLP  
 607 14th Street, N.W.  
 Suite 900  
 Washington, D.C. 20005



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

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 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

(Opposer's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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09/419,266 10/15/1999 Roland R. Thompson FLD0001-CIP 9982

**TITLE OF INVENTION:** SYSTEM AND METHOD FOR PERFORMING SUBSTITUTE FULFILLMENT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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UTILITY YES \$650 \$0 \$650 12/3/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
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Colon, Catherine M. 3623 705-009.000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Thomas A. Corrado  
 2 Kilpatrick Stockton LLP  
 3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

**PLEASE NOTE:** Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

FRONTLINE DATA, INC.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Malvern, Pennsylvania USA

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☐ Publication Fee  
☒ Advance Order - # of Copies 10

4b. Payment of Fee(s):

- ☒ A check in the amount of the fee(s) is enclosed.  
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☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-1438 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

Thomas A. Corrado

(Date)

9-23-2003

**NOTE:** The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS.** SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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09/26/2003 SFELEKE2 00000119 09419266

01 FC:2501 650.00 OP  
 02 FC:8001 30.00 OP

TRANSMIT THIS FORM WITH FEE(S)



PTO/SB/21 (08-00)

SEP 23 2003

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Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	<b>Applicati n Number</b>	09/419,266	
	<b>Filing Date</b>	October 15, 1999	
	<b>First Nam d Inventor</b>	Thompson et al.	
	<b>Group Art Unit</b>	2761	
	<b>Examiner Name</b>	Colon, C. M.	
<b>Total Number of Pages in This Submission</b>		<b>Attorney Docket Number</b>	FLD0001-CIP

ENCLOSURES (check all that apply)				
<input type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment / Response  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application)  <input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  <b>Submission of Issue Fee Payment + Part B - Fee(s) Transmittal</b>		
<table border="1"><tr><td>Remarks</td><td></td></tr></table>			Remarks	
Remarks				

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Thomas A. Corrado, Reg. # 42,439
Signature	<i>Thomas A. Corrado</i>
Date	September 23, 2003

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: <input type="text"/>			
Typed or printed name			
Signature		Date	

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: THOMPSON *et al.*  
SERIAL NO.: 09/419,266 GROUP ART UNIT: 3623  
FILED: 15 October 1999 EXAMINER: COLON, C. M.  
TITLE: SYSTEM AND METHOD FOR PERFORMING SUBSTITUTE  
FULFILLMENT

SUBMISSION OF ISSUE FEE PAYMENT

U.S. Patent and Trademark Office  
2011 South Clark Place  
Customer Window, Mail Stop Issue Fee  
Crystal Plaza Two, Lobby, Room 1B03  
Arlington, VA 22202

Sir:

Responsive to the Notice of Allowance and Issue Fee Due mailed September 3, 2003, the undersigned is submitting herewith the Issue Fee in the amount of \$650 in the above-identified application, plus an additional \$30.00 for ten extra copies of the patent.

A copy of Part B of the issue fee transmittal is submitted herewith.

The Commissioner is hereby authorized to charge any additional fees associated with this communication or credit any overpayment to Deposit Account No. 50-1458.

Entry of this submission and prompt notification thereof is respectfully requested.

Respectfully submitted,

Dated: September 23, 2003  
KILPATRICK STOCKTON LLP  
607 14th Street, N.W., Suite 900  
Washington, D.C. 20005  
(202) 508-5800

By: Thomas A. Corrado  
Thomas A. Corrado  
Registration No. 42,439